



Department of Vermont Health Access
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**VERMONT ELECTIVE OUT-OF-STATE/OUT-OF-NETWORK
MEDICAL OFFICE VISITS**

Instructions for completing the form can be found on page 2.

Section I:

To be completed by referring Vermont/In-Network Provider and faxed to the Out-of-Network Provider.

Date of Request: _____

Member Information

Member Last Name: _____ Member First Name: _____

Medicaid ID Number: _____ Date of Birth: ____ / ____ / ____ Gender: ☐ M ☐ F

Referring Provider Vermont/In-Network

Referring Provider Name: _____ VT. Medicaid Provider Number: _____

Provider Address: _____

Office Contact Person: _____ Telephone Number: _____ Fax: _____

Provider Signature: _____

Letter of medical necessity from an In-Network Provider Specialist is required

Section II:

To be completed by Out-of-Network Provider providing the service. Fax completed form to (802) 879-5963.

Out-of-Network Supplying Provider Information

Date of Request: _____

Supplying Provider Name: _____ VT. Medicaid Provider Number: _____

Supplying Provider NPI: _____

Provider Address: _____

Does the Supplying Provider have an Affiliation **and** Admitting Privileges to an In-Network Facility? ☐ Yes ☐ No

Office Contact Person: _____ Telephone Number: _____ Fax: _____

Date of Initial Visit: _____ Number of Visits Requested: _____

Provider Signature: _____

Code(s) Requested

Diagnosis: _____ ICD-10 Code: _____ Procedure: _____ CPT Code: _____

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Please note: Only office visit(s) are being approved. Do not proceed with any outpatient procedures or tests until you have first determined and documented that the service cannot be performed by an in-network provider.

Instructions:

Section I:

- 1) Section I must be completed in its entirety. If you have any questions, call 802-879-5903.
- 2) Date of request: date the form is being completed by the In-Network Provider.
- 3) Referring provider can be the Primary Care Provider (PCP) *or* the In-Network Specialist.
- 4) Letter of medical necessity **written by an In-Network Specialist**, must be attached and is required to contain the following supporting documentation:
 - a. Medical necessity for an Out-of-Network provider's service; **AND**
 - b. A determination that the level of care requested to treat the beneficiary is not available from an In-Network Provider.
- 5) Signed by the referring provider.
- 6) When completed, forward form to Out-of-Network Supplying Provider with this instruction page.

Section II:

- 1) Section II must be completed in its entirety. If you have any questions, call 802-879-5903.
- 2) Date of request: date the form is being completed by the Out-of-Network Supplying Provider.
- 3) Provider numbers: Supplying provider and the VT Medicaid Provider number must match. These should be submitted with the VT Medicaid provider number and/or NPI of the provider, hospital or facility that will be billing for the visits. The providers must be active and participating in Vermont Medicaid. If you do not know your Vermont Medicaid number, you can call HPES Provider Relations at 802- 878-7871. *Note: Many out of state providers are not active/participating Vermont Medicaid providers and will bill through their affiliated hospital or facility.*
- 4) Does the Supplying Provider have an Affiliation **and** Admitting Privileges to an In-Network Facility? If a provider is affiliated with **AND** has admitting privileges to an In-Network facility **AND** has been approved by DVHA, no prior authorization is required. If you are unsure, please call (802) 879-5903.
- 5) Date of initial appointment if known, otherwise write "unknown".
- 6) Reimbursement is limited to the following CPT codes: 99201-99215, 99381-99456, 99341-99360.
- 7) When completed, fax to **(802) 879-5963**.